

REF
JAW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: Hideki KIKUI
Title: SUBSCRIBER CIRCUIT
Application. No.: 09/592,915
Application Filing Date: 06/13/2000
Examiner: Briney III, Walter F.
Art Unit: 2644

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. § 141, or the commencement of a civil action under 35 U.S.C. § 145 or § 146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. § 1.114: (check items that apply)

- a. Previously submitted:
- ☒ Please enter and consider the amendment and/or reply previously filed on September 6, 2005.
- ☐ Please consider the Affidavit(s)/Declaration(s) previously filed on ___ but not considered.
- ☐ Please consider the arguments in the Appeal Brief or Reply previously filed on ___.
- b. Enclosed are:
- | | | |
|--|---------------------------------------|-----------|
| <input type="checkbox"/> Amendment/Reply. | 11/15/2005 SZEWDIE1 00000021 09592915 | |
| <input type="checkbox"/> Affidavit(s)/Declaration(s). | 01 FC:1801 | 790.00 OP |
| <input type="checkbox"/> Information Disclosure Statement. | 02 FC:1253 | 900.00 OP |
| <input type="checkbox"/> Form PTO-1449 with copies of ___ listed reference(s). | | |

Miscellaneous:

- ☐ Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ___ months.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	8	- 20	= 0	x \$50.00	= \$0.00
Independents	2	- 3	= 0	x \$200.00	= \$0.00
		First presentation of any Multiple Dependent Claims:	+ \$360.00	= \$0.00	
			CLAIMS FEE TOTAL:	= \$790.00	

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$120.00	0	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$450.00		\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$1,020.00		\$1,020.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,590.00		\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,160.00		\$0.00
	EXTENSION FEE SUBTOTAL:			\$1,020.00
	EXTENSION FEE ALREADY PAID:	-		\$120.00
	EXTENSION FEE TOTAL			\$900.00
	CLAIMS AND EXTENSION FEE TOTAL:			\$1690.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):			\$0.00
<input type="checkbox"/>	Suspension of action requested under 37 C.F.R. § 1.103(c)			\$0.00
	TOTAL FEE:			\$1690.00

☐ Please charge Deposit Account No. 19-0741 in the amount of \$1690.00. A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$1690.00 to cover the filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date November 14, 2005

By Phillip J. Articola

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